

2019 Application



Personal Information:

Name: _____
Address: _____
City: _____
Phone #: _____ Cell #: _____
Email: _____
Emergency Contact: _____

Employment Information:

Occupation: _____
Employer: _____ Hire Date: _____
Address: _____ City: _____ Zip: _____
Phone #: _____ Fax #: _____
Business Email: _____

Briefly describe your work responsibilities:

What employment have you held in the last five years other than this current job?

Dates	Employer	Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education:

Dates	Schools/Colleges Attended	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Awards/Honors:

Extracurricular Activities and/or Special Awards for Leadership Activities:

Community Activities and Board(s) Involvement:

Current Affiliations:

Organization	Dates	Office Held
_____	_____	_____
_____	_____	_____

Past Affiliations:

Organization	Dates	Office Held
_____	_____	_____
_____	_____	_____

Have you graduated from a local leadership program? If so, which one? _____

Briefly state personal goals for the next five years: (Use separate sheet if necessary)

What do you feel are the two most pressing problems facing the tourism industry today? (Use separate sheet if necessary)

Why do you want to attend the Ohio Tourism Leadership Academy? (Use separate sheet if necessary)

What skills/attributes do you feel you have that can benefit the other participants of the Ohio Tourism Leadership Academy? (Use separate sheet if necessary)

I am willing to commit my time, talents, and energy to the Ohio Tourism Leadership Academy's Class of 2019. Signing below indicates my dedication to the program and provides proof of my employer's support if applicable. I also understand that payment is due upon submission of application to the address below. Please make checks payable to the Ohio Travel Association. Credit cards are accepted. Payment will be refunded if applicant is not selected for this year's class.

Applicant Signature

Date

Employer's Signature

Date

**Please scan and email this form to beatrice@ohiotravel.org.
We Will Then Send You an Online Payment Form
Or
Mail This Application Along with Payment to
1801 Watermark Drive, Suite 375, Columbus, OH 43215**